



begin it...live it...dance it...

WELCOME TO FUSIONONE, WE ARE DELIGHTED FOR YOU TO JOIN OUR TEAM!

TITLE: FIRST NAME: SURNAME:

AGE: DOB: GRADE AT SCHOOL:

ADDRESS:

SUBURB: POSTCODE:

HOME PH: WORK: MOBILE:

EMAIL:

PARENT/GUARDIAN NAMES: PARENT/GUARDIAN PH:

EMERGENCY CONTACT NAME: EMERGENCY PH:

IN THE EVENT OF A MEDICAL EMERGENCY AND THE ABOVE EMERGENCY CONTACT CANNOT BE REACHED DO YOU AUTHORISE FUSIONONE TO SEEK MEDICAL ADVICE FOR YOUR CHILD AT HOSPITAL?
YES NO SIGNATURE:

WHAT OTHER TYPE OF EXERCISE/SPORT IS YOUR CHILD ACTIVELY INVOLVED IN?

WHAT WOULD YOU LIKE YOUR CHILD TO ACHIEVE FROM THE CLASS?

WHICH CLASS ARE YOU ENROLLING IN?

1. Class: Day: Time:

2. Class: Day: Time:

3. Class: Day: Time:

4. Class: Day: Time:

DOES YOUR CHILD HAVE ANY MEDICAL CONDITONS OR INJURIES WHICH FUSIONE SHOULD KNOW ABOUT?

DOES YOUR CHILD HAVE ANY ALLERGIES?

WHAT ARE YOUR CHILD'S HOBBIES/INTERESTS?

HAS YOUR CHILD PARTICIPATED IN ANY DANCE CLASSES BEFORE? IF SO WHERE?

AND WHEN?

HOW DID YOU HEAR ABOUT FUSIONONE?

NEWSPAPER FRIEND CARROLL DIRECTORY MAIL WORD OF MOUTH

I hereby grant the right to use my child's photo or likeness to promote the interest of fusionone without my further consent being obtained.

PARENT/GUARDIAN SIGNATURE: TODAYS DATE:

We like to maintain an open and honest relationship with our students and parents. If at anytime you would like an update on your child's progress or have a suggestion to be heard in regard to classes, please contact us.

THANK YOU, PLEASE REFER TO OUR WEBSITE www.fusionone.com.au FOR FURTHER INFORMATION